## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Trusted Leadership PAC 1101 West 34th Street ADDRESS (number and street) Suite 461 (Check if address is changed) Austin 78705 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS trustedleadershippac@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.trustedleadership.org (Check if address is changed) DATE 2016 C00609511 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kurt O'Keefe Type or Print Name of Treasurer Kurt O'Keefe [Electronically Filed] 04 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

| FFC F                      | orm 1 (Revised 02/2009)  | Page <b>2</b>                            |  |  |
|----------------------------|--|--|--|--|
| TYPE OF                    | COMMITTEE  | i age 🗲                                  |  |  |
| Candidat                   | e Committee:   |  |  |  |
| (a)                        | This committee is a principal campaign committee. (Complete the candidate information below  | )  |  |  |
| (b)                        | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  |  |  |  |
| Name of<br>Candidate       |  |  |  |  |
| Candidate<br>Party Affilia | Office Sought: House Senate President  | State                                    |  |  |
| (c)                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |  |  |
| Name of Candidate          |  |  |  |  |
| Party Co                   |  | (Damasa, "                               |  |  |
| (d)                        | This committee is a (National, State or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Party. |  |  |
| Political A                | Action Committee (PAC):  |  |  |  |
| (e)                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co  | nnected organization is $\epsilon$       |  |  |
|                            | Corporation Corporation w/o Capital Stock  | Labor Organization                       |  |  |
|                            | Membership Organization Trade Association  | Cooperative                              |  |  |
|                            | In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |
| (f)                        | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)   | egregated fund or party                  |  |  |
|                            | In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |
|                            | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |  |  |
| Joint Fun                  | draising Representative:   |  |  |  |
| (g)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate. |  |  |  |
| (h)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.        | wo or more political                     |  |  |
| Cor                        | nmittees Participating in Joint Fundraiser   |  |  |  |
| 1.                         | FEC ID number  |  |  |  |
| 2.                         | FEC ID number  |  |  |  |
| 3.                         | FEC ID number  |  |  |  |
| 4.                         |  |  |  |  |

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|---|--|---|
| Write or Type Committee Na  |  | . ago o                                 |
| Trusted Leade   | ership PAC   |   |
|   | Organization, Affiliated Committee, Joint Fundraising Represent                          | ntative, or Leadership PAC Sponsor      |
| NONE  |  |   |
|   |  |   |
|   |  |   |
| Mailing Address   |  |   |
|   |  |   |
|   |  |   |
|   | CITY STA   | ATE ZIP CODE                            |
| Relationship: Connec  | ted Organization Affiliated Committee Joint Fundraising Repr                             | resentative Leadership PAC Sponsor      |
| <ol> <li>Custodian of Records: Ic<br/>books and records.</li> </ol> | lentify by name, address (phone number optional) and position of                         | f the person in possession of committee |
| Kurt O'k  | Ceefe  |   |
| Full Name   | 1101 West 34th Street  |   |
| Mailing Address   | Suite 461  |   |
|   | , Austin   | X , ,78705 , ,                          |
|   | 7.66.11  |   |
| Title or Position   | CITY STAT  | TE ZIP CODE                             |
| Treasurer   |  |   |
| 3. <b>Treasurer:</b> List the name a any designated agent (e.g.     | and address (phone number optional) of the treasurer of the common assistant treasurer). | mittee; and the name and address of     |
| Full Name Kurt O'K  | eefe   |   |
| of Treasurer  |  |   |
| Mailing Address   |  |   |
|   | Suite 461  |   |
|   |  | 78705                                   |
| Title or Position<br>, Treasurer                                    | CITY STAT  | TE ZIP CODE                             |
|   | Telephone number   |   |

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|-------------------------------------|---|---------------|--|--|--|
|                                     |   |               |  |  |  |
| Full Name of<br>Designated<br>Agent | <u></u>   |               |  |  |  |
| Mailing Address                     |   |               |  |  |  |
|                                     |   |               |  |  |  |
|                                     | CITY STATE Z                                      | ZIP CODE      |  |  |  |
| Title or Position                   | CIT SIAIE A                                       | LII OODE      |  |  |  |
|                                     |   |               |  |  |  |
| Name of Bank, I                     | Commerce Bank  1000 Walnut  Kansas City  MO 64105 |               |  |  |  |
|                                     | CITY STATE 2                                      | ZIP CODE      |  |  |  |
| Name of Bank, Depository, etc.      |   |               |  |  |  |
|                                     |   |               |  |  |  |
| Mailing Address                     |   |               |  |  |  |
|                                     |   |               |  |  |  |
|                                     |   |               |  |  |  |
|                                     | CITY STATE 2                                      | ZIP CODE      |  |  |  |

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A
Transaction ID:

This committee will file its reports on a monthly basis. This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications to federal candidates or committees.

Form/Schedule: Transaction ID: